



DEPARTMENT OF THE NAVY
BUREAU OF NAVAL PERSONNEL
5720 INTEGRITY DRIVE
MILLINGTON TN 38055-0000

5720
PERS 00J6/20190371
April 18, 2019

Ms. Jennifer Barton
Nell McCallum & Associates, Inc.
2615 Calder Avenue
Suite 111
Beaumont, TX 77702

Dear Ms. Barton:

SUBJECT: YOUR FREEDOM OF INFORMATION ACT (FOIA) REQUEST

This is in response to your Freedom of Information Act (FOIA) request in which you seek a copy of the Navy Official Military Personnel File (OMPF) pertaining to Dylan W. Huckabay. Your request was received in this office on April 18, 2019, and has been assigned FOIA correspondence file number CNPC20190371 by this command.

A copy of available releasable responsive documentation is enclosed. The redacted portions of the provided documentation are exempt from disclosure under FOIA exemption 6 [5 U.S.C. § 552(b)(6)]. Release of such information would constitute a clearly unwarranted invasion of the personal privacy of Dylan W. Huckabay and other identified individuals. Additional documentation providing greater detail regarding Mr. Huckabay's enlistment and separation are withheld in entirety under FOIA exemption 6 [5 U.S.C. § 552(b)(6)]. Release of such documentation would constitute a clearly unwarranted invasion of the personal privacy of Mr. Huckabay and other identified individuals.

Because your request is partially denied by this command, you are advised of your right to appeal this determination in writing to the Office of the Judge Advocate General, OJAG Code 14, 1322 Patterson Avenue SE Suite 3000, Washington Navy Yard, DC 20374-5066.

If an appeal is deemed necessary, it must be received in that office within 90 calendar days from the date of this letter, in order to be considered. To expedite an appeal, you should enclose a copy of this letter and a copy of the original request along with a statement regarding why your appeal should be granted. The letter of appeal and the envelope should bear the notation, "FOIA/PA APPEAL."

5720

PERS 00J6/20190371

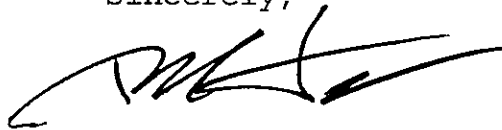
April 18, 2019

I am the official responsible for the partial denial of your request. Should you wish to discuss the processing of your request, you may contact the undersigned at (901) 874-3165. You may also contact the DON FOIA Public Liaison, Christopher Julka, at Christopher.a.julka@navy.mil or (703) 697-0031.

You may contact the Office of Government Information Services (OGIS) as they provide a voluntary mediation process for resolving disputes between persons making FOIA requests and the Department of the Navy (DON). For more information, please go to:

<https://www.archives.gov/ogis/about-ogis/contact-information>.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. P. German', with a stylized flourish extending from the end.

D. P. GERMAN
FOIA/PA Officer
By direction

**ANY ALTERATIONS IN SHADED AREAS
RENDER FORM VOID**

[illegible]

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)		
22. TYPE OF SEPARATION DISCHARGED	25. CHARACTER OF SERVICE (Include upgrades)	
23. SEPARATION AUTHORITY	26. SEPARATION CODE	27. REENTRY CODE
28. NARRATIVE REASON FOR SEPARATION		
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD)		30. MEMBER REQUESTS COPY 4 (Initial)

**ANY ALTERATIONS IN SHADED AREAS
RENDER FORM VOID**

[illegible]

ENLISTMENT/REENLISTMENT DOCUMENT
ARMED FORCES OF THE UNITED STATES

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 3331; 32 USC 708; 44 USC 708 and 3101; 10 USC 133, 265, 275, 504, 508, 510, 591, 672 (a), 578, 837, 1007, 1071 through 1087, 1168, 1169, 1475 through 1480, 1553, 2107, 2122, 3012, 5031, 8012, 8033, 8496, and 9211; 12 USC 351 and 632; and Executive Order 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USE(S): This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment/reenlistment application.

A. ENLISTEE/REENLISTEE IDENTIFICATION DATA

1. NAME (Last, First, Middle) MUCKARAY DYLAN WADE		2. SOCIAL SECURITY NUMBER [REDACTED]	
3. HOME OF RECORD (Street, City, State, ZIP Code) [REDACTED] TX 77052		4. PLACE OF ENLISTMENT/REENLISTMENT (MIL. Installation, City, State) HOUSTON MEPS HOUSTON, TX 77052-2309	
5. DATE OF ENLISTMENT/ REENLISTMENT (YYYYMMDD) 20050302	6. DATE OF BIRTH (YYYYMMDD) [REDACTED]	7. PREVIOUS MIL. SVC UPON ENL/REENLIST	YEARS MONTHS DAYS
		8. TOTAL ACTIVE MILITARY SERVICE	
		9. TOTAL INACTIVE MILITARY SERVICE	

B. AGREEMENTS

8. I am enlisting/reenlisting in the United States (list branch of service) NAVAL RESERVE
this date for 8 years and 00 weeks beginning in pay grade E-1
The additional details of my enlistment/reenlistment are in Section C and Annex(es)
A

a. FOR ENLISTMENT IN A DELAYED ENTRY/ENLISTMENT PROGRAM (DEP):

I understand that I will be ordered to active duty as a Reservist unless I report to the place shown in item 4 above by (list date (YYYYMMDD)) for enlistment in the Regular component of the United States (list branch of service) for not less than years and weeks. My enlistment in the DEP is in a nonpay status. I understand my period of time in the DEP is NOT creditable for pay purposes upon entry into a pay status. However, I also understand that this time is counted toward fulfillment of my military service obligation or commitment. I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, moral qualifications, and mailing address.

b. REMARKS: (If none, so state.) NONE

c. The agreements in this section and attached annex(es) are all the promises made to me by the Government. ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.

(Initials of Enlistee/Reenlistee) RWH

C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS

9. FOR ALL ENLISTEES OR REENLISTEES: Many laws, regulations, and military customs will govern my conduct and require me to do things a civilian does not have to do. The following statements are not promises or guarantees of any kind. They explain some of the present laws affecting the Armed Forces which I cannot change but which Congress can change at any time.

a. My enlistment is more than an employment agreement. As a member of the Armed Forces of the United States, I will be:

(1) Required to obey all lawful orders and perform all assigned duties.

(2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veteran's benefits.

(3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.

(4) Required upon order to serve in combat or other hazardous situations.

(5) Entitled to receive pay, allowances, and other benefits as provided by law and regulation.

b. Laws and regulations that govern military personnel may change without notice to me. Such changes may affect my status, pay, allowances, benefits, and responsibilities as a member of the Armed Forces **REGARDLESS** of the provisions of this enlistment/reenlistment document.

c. In the event of war, my enlistment in the Armed Forces continues until six (6) months after the war ends, unless my enlistment is ended sooner by the President of the United States.

10. MILITARY SERVICE OBLIGATION FOR ALL MEMBERS OF THE ACTIVE AND RESERVE COMPONENTS, INCLUDING THE NATIONAL GUARD.

a. **FOR ALL ENLISTEES:** If this is my initial enlistment, I must serve a total of eight (8) years. Any part of that service not served on active duty must be served in a Reserve Component unless I am sooner discharged.

b. If I am a member of a Reserve Component of an Armed Force at the beginning of a period of war or national emergency declared by Congress, or if I become a member during that period, my military service may be extended without my consent until six (6) months after the end of that period of war.

c. As a member of a Reserve Component, in time of war or national emergency declared by the Congress, I may be required to serve on active duty (other than for training) for the entire period of the war or emergency and for six (6) months after its end.

d. As a member of the Ready Reserve I may be required to perform active duty or active duty for training without my consent (other than as provided in item 8 of this document) as follows:

(1) In time of national emergency declared by the President of the United States, I may be ordered to active duty (other than for training) for not more than 24 consecutive months.

(2) I may be ordered to active duty for 24 months, and my enlistment may be extended so I can complete 24 months of active duty, if:

(a) I am not assigned to, or participating satisfactorily in, a unit of the Ready Reserve; and

(b) I have not met my Reserve obligation; and

(c) I have not served on active duty for a total of 24 months.

(3) I may be ordered to perform additional active duty training for not more than 45 days if I have not fulfilled my military service obligation and fail in any year to perform the required training duty satisfactorily. If the failure occurs during the last year of my required membership in the Ready Reserve, my enlistment may be extended until I perform that additional duty, but not for more than six months.

(4) When determined by the President that it is necessary to support any operational mission, I may be ordered to active duty as prescribed by law, if I am a member of the Selected Reserve.

11. FOR ENLISTEES/REENLISTEES IN THE NAVY, MARINE CORPS, OR COAST GUARD: I understand that if I am serving on a naval vessel in foreign waters, and my enlistment expires, I will be returned to the United States for discharge as soon as possible consistent with my desires. However, if essential to the public interest, I understand that I may be retained on active duty until the vessel returns to the United States. If I am retained under these circumstances, I understand I will be discharged not later than 30 days after my return to the United States; and, that except in time of war, I will be entitled to an increase in basic pay of 25 percent from the date my enlistment expires to the date of my discharge.

12. FOR ALL MALE APPLICANTS: Completion of this form constitutes registration with the Selective Service System in accordance with the Military Selective Service Act. Incident thereto the Department of Defense may transmit my name, permanent address, military address, Social Security Number, and birthdate to the Selective Service System for recording as evidence of the registration.

NAME OF ENLISTEE/REENLISTEE (Last, First, Middle)
HUCKABAY DYLAN WADE

SOCIAL SECURITY NO OF ENLISTEE/REENLISTEE
[REDACTED]

D. CERTIFICATION AND ACCEPTANCE

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. ANY QUESTIONS I HAD WERE EXPLAINED TO MY SATISFACTION. I FULLY UNDERSTAND THAT ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX(ES) WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW: (If none, X "NONE" and Initial.)

☒ NONE (Initials of enlistee/reenlistee)

b. SIGNATURE OF ENLISTEE/REENLISTEE

c. DATE SIGNED (YYYYMMDD)

20050302

14. SERVICE REPRESENTATIVE CERTIFICATION

a. On behalf of the United States (list branch of service) NAVY
I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.

b. NAME (Last, First, Middle)

c. PAY GRADE

G-9

d. UNIT/COMMAND NAME

USN RECRUITING DISTRICT

e. SIGNATURE

f. DATE SIGNED (YYYYMMDD)

20050302

g. UNIT/COMMAND ADDRESS (City, State, ZIP Code)

HOUSTON
TX 77052

CONFIRMATION OF ENLISTMENT OR REENLISTMENT

15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):

I, DYLAN WADE HUCKABAY

do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

16. IN THE NATIONAL GUARD (ARMY OR AIR):

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of _____ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of _____ and the orders of the officers appointed over me, according to law and regulations. So help me God.

17. IN THE NATIONAL GUARD (ARMY OR AIR):

I do hereby acknowledge to have voluntarily enlisted/reenlisted this _____ day of _____ in the _____ National Guard and as a Reserve of the United States (list branch of service) _____ with membership in the _____ National Guard of the United States for a period of _____ years, _____ months, _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.

18a. SIGNATURE

b. DATE SIGNED (YYYYMMDD)

20050302

19. ENLISTMENT/REENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle)

c. PAY GRADE

O-4

d. UNIT/COMMAND NAME

HOUSTON MEPS

f. DATE SIGNED (YYYYMMDD)

20050302

g. UNIT/COMMAND ADDRESS (City, State, ZIP Code)

HOUSTON
TX 77052-2309

PREVIOUS EDITION MAY BE USED.

NATIONAL CALL TO SERVICE PROGRAM ENLISTMENT GUARANTEES

HUCKABAY, DYLAN WADE

NAME (LAST, FIRST, MIDDLE, JR., ETC.)

SOCIAL SECURITY NUMBER

1. **ACKNOWLEDGEMENT:** In connection with my enlistment into the United States Navy, I hereby acknowledge that:

- a. I am enlisting into the U.S. Naval Reserve for a period of eight years with 15 months of active duty after initial entry/skills training, two years in an active-drilling status as a Selected Reserve and the remaining obligation in either the non-drilling Individual Ready Reserve, with a national service program (AmeriCorps, Peace Corps), or any combination of these options.
- b. I am enlisting with the following guarantees and understandings:

Upon enlistment, I will be enlisted under the provisions of Commander, Navy Recruiting Command Instruction 1130.8 (series), with the option or options as indicated below:

Option (1) Guaranteed assignment to Master at Arms Class "A" School

Option (2) Cash Bonus

Option (3) N/A

Option (4) N/A

2. I understand that I must be fully qualified at all times throughout my obligated service for all security, professional, military, physical, psychological and academic requirements of the options guaranteed in section 1b and that my eligibility will be rechecked during recruit training and periodically throughout my enlistment.

3. The Navy will order me to recruit training specified Master at Arms Class "A" School (GENDET is also possible) and an initial active duty period of 15 months after training. I understand I will be required to report to a Naval Reserve Recruiting Activity within three working days of my release from active duty date for affiliation and assignment to a drilling unit. If during the periodic reviews of my eligibility, I am found no longer eligible for the options listed in 1b above because of information I provided in my enlistment application; because of a physical or psychological disqualification, or because of some reason that is not due to my fault, negligence, or conduct, I may only choose one of the following options:

- a. Agree request enlistment into the Regular Navy for a minimum period of two years active duty with no guarantees of duty assignment or accession. I understand that if I elect this option that I am subject to worldwide assignment ability.
- b. Elect entry-level separation from the Navy.
- c. In any event, the Navy may, at its option, choose to discharge me.

4. If I am not enrolled in the training guarantee specified in section 1b above because of some reason that is due to my fault, negligence or conduct or if I am disenrolled from it for any other reason not specified in paragraph 3, then I lose all guarantees and I am subject to separation from the Navy.

5. I must maintain satisfactory drill participation and annual training requirements as outlined in the National Call to Service Statement of Understanding. Should I fail to do so, I will be processed for Administrative Separation and/or placed in the Individual Ready Reserve (IRR) due to Unsatisfactory Performance, not recommended for re-affiliation/reenlistment.

6. I certify that I have read and received a copy of the Classifier Rating/Program Fact Sheet for the Rating/Program(s) for which I am enlisting, and the Statement of Understandings required for Options (1)(2)***. I understand my obligations for the Options I am enlisting for and the training I will receive.

05MAR02
)/Date

CLASSIFIER BYDIRCO

DYLAN WADE HUCKABAY

**NATIONAL CALL TO SERVICE (NCS)
ELECTION OF OPTIONS**

PRIVACY ACT STATEMENT

AUTHORITY: Section 510, title 10, U.S. Code.

PRINCIPAL PURPOSE(S): To document the understanding of members about their enlistment under the National Call to Service Program and document a member's incentive election under this program.

ROUTINE USE(S): This form becomes a part of the Service Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

DISCLOSURE: Voluntary; however, failure to furnish personal identification information may negate the enlistment application.

1. ENLISTEE IDENTIFICATION DATA

a. NAME (LAST, FIRST, MIDDLE)

HUCKABAY DYLAN WADE

b. SOCIAL SECURITY NUMBER

██████████

c. DATE OF ENLISTMENT (YYYYMMDD)

2005SEP08

d. SERVICE

UNITED STATES NAVY

2. SERVICE COMMITMENT

I am enlisting in the United States Navy this date under the provisions of the National Call to Service program.

I understand that with this enlistment, I incur a total eight-year military service obligation (MSO). This MSO will normally consist of three phases:

- (1) Fifteen (15) months of active duty following completion of initial entry training (to include skill training); followed by
- (2) Reenlistment/extension on active duty of at least 24 months, or
- (3) Two (2) years of service in the Selected Reserve; followed by
- (4) Remainder of MSO in either:
 - Active Duty,
 - Selective Reserve,
 - Individual Ready Reserve,
 - Other National Service program - AmeriCorps (Subtitle C), AmeriCorps *VISTA and AmeriCorps *NCCC,
 - Peace Corps,
 - Any combination of the above.

I understand that I may reenlist/extend (if otherwise eligible) while serving in the active duty phase of the program. An active duty reenlistment/extension to two (2) years or more will fulfill the Selected Reserve phase of the MSO.

3. INCENTIVE ELECTION

I understand that as a participant in the National Call to Service program, I am entitled to receive an incentive to be awarded as described below. Award of this incentive is predicated on completion of the active duty phase of the service commitment and separation with an honorable discharge. I further understand that this selection of incentive is irrevocable. I select the following incentive (initial one of the following):

- 1200 a. Bonus in the amount of \$5,000 to be paid at the completion of active duty or reenlistment/extension of active duty.
- N/A b. Repayment of my eligible student loans up to a maximum of \$ N/A at the completion of active duty or reenlistment/extension on active duty.
- N/A c. Educational allowance for twelve (12) months at the current rate applicable to participants in the Montgomery GI Bill under Section 3015(a)(1), 38 USC. May start to use this benefit at any time after completion of active duty or reenlistment/extension on active duty.
- N/A d. Educational allowance for thirty-six (36) months at 50% of the current rate applicable to participants in the Montgomery GI Bill under Section 3015(b)(1), 38 USC. May start to use this benefit at any time after completion of active duty or reenlistment/extension on active duty. Benefits will cease if the Selected Reserve phase is not completed.

4. CERTIFICATION AND ACCEPTANCE

I certify that I have carefully read this document and understand the provisions of the National Call to Service program and have selected my enlistment incentive. I further understand that the selection of enlistment incentive is irrevocable.

e. DATE SIGNED (YYYYMMDD)

2005MAR02

ENLISTED QUALIFICATIONS HISTORY

1. EDUCATIONAL EXPERIENCE LEVEL

GED (HS) EQUIVALENT TEST			COLLEGE LEVEL GENERAL EXAMS		PRESENT LEVEL OF EDUCATION					
DATE ISSUED	ISSUING STATE	INIT	DATE PASSED	INIT	12	13	14	15	16	17

2. CLASSIFICATION/ASVAB TESTING QUALIFICATIONS

TEST FORM ID	DATE ADMIN.	AFPT	GS	AR	WK	PC	MC	AS	AS	MC	MC	AI	VE	CB
04D	24-JUN-04													

ASVAB ADMINISTERED BY: MEPS HOUSTON, TX

SPECIAL TEST SCORES

NAME	FORM	DATE	SCORE
DLAB			
NFQT			

CLASSIFIER'S SIGNATURE:

3. RECORD OF OFF-DUTY EDUCATION/VOC TECH TRAINING AND NON-REQUIRED CORRESPONDENCE COURSES

NUMBER/TITLE OF COURSE OR TEST	SCHOOL	DATE COMPLETED	GRADE	INIT	NUMBER/TITLE OF COURSE OR TEST	SCHOOL	DATE COMPLETED	GRADE	INIT

4. OTHER TRAINING COURSES/INSTRUCTIONS COMPLETED

DATE COMPLETED	TYPE OF COURSE AND/OR INSTRUCTION	DURATION	LOCATION	INIT
	RECRUIT TRAINING (BMT)	8 WEEKS	RTC GREAT LAKES IL	

Name (Last, first, middle initial)

HUCKABAY, DYLAN W

SOCIAL SECURITY NUMBER

BRANCH/CLASS

32

5. NAVY SERVICE SCHOOLS/MILITARY TRAINING COURSES

COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED	COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED
COURSE LENGTH	GRADE	MANNER OF COMPLETION <input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED		INIT	COURSE LENGTH	GRADE	MANNER OF COMPLETION <input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED
COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED	COURSE TITLE/SCHOOL		NEC	DATE ENROLLED/COMPLETED
COURSE LENGTH	GRADE	MANNER OF COMPLETION <input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED		INIT	COURSE LENGTH	GRADE	MANNER OF COMPLETION <input type="checkbox"/> GRADUATED <input type="checkbox"/> DROPPED

6. CORRESPONDENCE COURSES REQUIRED FOR ADVANCEMENT

DESCRIPTION OF COURSE, RATE OR NAVPERS NUMBER	DATE COMPLETED	INIT	DESCRIPTION OF COURSE, RATE OR NAVPERS NUMBER	DATE COMPLETED	INIT

7. NAVY ENLISTED CLASSIFICATIONS

PRIMARY CODE	SECONDARY CODE	DATE	INIT
DG978b	0000	05 SEP 08	X

8. PERSONNEL ADVANCEMENT REQUIREMENTS

DESCRIPTION	DATE COMPLETED	INIT

9. ENLISTED RATE/RATING

RATE	DATE	TIME IN RATE	INIT
SR	05 SEP 08	05 SEP 08	X

10. DESIGNATOR RECORD

DATE	DESIGNATOR	QUAL/REVOCATION	INIT

Name (last, first, middle)

LUCKABAY

DYLAN W

SOCIAL SECURITY NUMBER

BRANCH/CLASS

32

NAVPERC 1070/604 (Rev. 7/91)
RTC SERV-REC SET 1
NETPMA OVERPRINT

[illegible]

31

NAVPER 1070/605 (Rev. 10-59)
 NTC SEAV-REC SET 1
 KETPMBA OVERPRINT

1. Name (Last, First, Middle) HUCKABAY DYLAN WADE		2a. SSN [REDACTED]	2b. Initial (To indicate valid SSN) [REDACTED]	3a. SVC DNV	3b. Reporting Unit Code Duty Station
4. Spouse's Name/Address SINGLE					
5. Children's Name/Relationship/ Date of Birth (YYMMDD)/ Address None					
6. Father's Name/Address [REDACTED]					
7. Mother's Name/Address [REDACTED]					
8. Do Not Notify Due to Ill Health a. [REDACTED] b. Notify Notified					
9. Beneficiary(ies) for IG - If No Surviving Spouse or Child/ Address / Percentage [REDACTED]		100 %			
10. Beneficiary(ies) for Unpaid Pay/ Allowances/Address/Percentage [REDACTED]		100 %			
11. Allotment Designee/Percentage if Missing*					
12. Insurance (SGLI & Other Insurance Companies/Policy Nos.) a. SGLI (Optional Service Use) <input type="checkbox"/> Maximum <input type="checkbox"/> No <input type="checkbox"/> Other (Amount) [REDACTED]		b. Insurance Companies/Policy Numbers			
13. Continuation/Remarks [REDACTED]					
					16. Date Signed (YYMMDD) 000000

AUTHORITY: 50 USC 1402 and 2771, 38 USC 770, 44 USC 3101, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE: This form is used to designate beneficiaries for certain benefits in the event of the servicemember's death. It is a guide for the disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the servicemember desires to be notified in case of emergency or death. The purpose of soliciting the SSN is to provide positive identification.

ROUTINE USES: This form is a component in the Casualty Notification file series appropriate to each branch of the Military Service. It is to be used by casualty offices to notify a servicemember's next of kin of that member's injury, illness, or death. The member designates the person(s) to receive any unexpended pay and allowances and death gratuity benefits. Additional information concerning wills, insurance policies, and other personal data to be used in settling personal affairs in the event of the member's death may be included on this form. Release of personal identifier information in the member's finance office is required for appropriate distribution of pay and allowance benefits to designated beneficiaries of missing or interned servicemembers. This form is strictly for internal Service record purposes. Voluntary, however, failure to provide personal identifier information may delay notification of the servicemember's estate or may handicap processing of benefits to designated beneficiaries.

INSTRUCTIONS TO SERVICEMEMBER: This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty, and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other dependents listed; for example, as a result of marriage, civil court action, death, or address change. Regarding your designation in item 11, "Allotment if Missing" (if used by your Service), please read the following statements carefully, and sign on the line provided.

I fully understand that, if I am captured, missing, or interned, my designation of allotments to dependents from my pay and allowances serve only after my designated allotment in the best interests of myself, my dependents, or the United States Government.